

**Supplemental Questionnaire**

Name: (please print): \_\_\_\_\_

Participant Number \_\_\_\_\_

Question	Answer
1. What is your sex?	<input type="checkbox"/> Male <input type="checkbox"/> Female
2. What is your race?	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Other
3. Are you Hispanic?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. What is your education?	<input type="checkbox"/> Grade School <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> Post College
5. If you are a U.S. Government employee, please identify your regular days off.	<input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. <input type="checkbox"/> Sat. <input type="checkbox"/> Sun.
6. If you have been convicted of a state or federal crime punishable by imprisonment for more than one year?	
7. Have you ever filed or been filed against for discrimination?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. If you have ever filed or been filed against for discrimination give the date and nature of claim.	
9. Have you ever been a plaintiff or defendant in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you have been a plaintiff or defendant in a lawsuit provide the type of case.	
11. Have you ever been a witness in court?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. If you have been a witness in court, please provide the type of case.	
13. Have you ever served on a jury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. If you have served on a jury, please check all of the following that apply.	<input type="checkbox"/> Grand Jury <input type="checkbox"/> Petit Jury <input type="checkbox"/> Criminal Case <input type="checkbox"/> Civil Case
15. Have you ever had any specialized training in any of the following?	<input type="checkbox"/> Legal <input type="checkbox"/> Paralegal <input type="checkbox"/> Medical <input type="checkbox"/> Banking <input type="checkbox"/> Finance <input type="checkbox"/> Engineering
16. Have you or any member of your immediate family, to the best of your knowledge, been the subject of any audit or other tax investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. If you or any member of your immediate family has been the subject of any audit or other tax investigation, please describe.	
18. If you have children, please provide their ages.	

Revised May 5, 2021

**OPTIONAL:** My email address (to facilitate faster communication) is: \_\_\_\_\_

Exh A